

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213558515				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: AMERICAN GIRL BOUTIQUES, INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DE</p> </div> <div style="width: 35%;"> <p>DUE DATE: 12/31/2013</p> <p>SCC ID NO: F1845876</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	1,000
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COMMON	1,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 333 CONTINENTAL BOULEVARD</p> <p style="text-align: center;">CITY/ST/ZIP: EL SEGUNDO, CA 90245</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JEAN McKENZIE TITLE: PRESIDENT ADDRESS: 8400 FAIRWAY PLACE CITY/ST/ZIP/CO: MIDDLETON, WI 53562-0998 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JEAN McKENZIE TITLE: PRESIDENT ADDRESS: 8400 FAIRWAY PLACE CITY/ST/ZIP/CO: MIDDLETON, WI 53562-0998	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
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NAME:	MANDANA SADIGH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP & TREASURER		
ADDRESS:	333 CONTINENTAL BOULEVARD		
CITY/ST/ZIP/CO:	EL SEGUNDO, CA 90245		
NAME:	JEFFREY FREEMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	8400 FAIRWAY PLACE		
CITY/ST/ZIP/CO:	MIDDLETON, WI 53562		
NAME:	BRUCE HESSE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	333 CONTINENTAL BOULEVARD		
CITY/ST/ZIP/CO:	EL SEGUNDO, CA 90245		
NAME:	ALAN KAYE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	333 CONTINENTAL BOULEVARD		
CITY/ST/ZIP/CO:	EL SEGUNDO, CA 90245		
NAME:	CHRISTOPHER LA PUMA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	333 CONTINENTAL BOULEVARD		
CITY/ST/ZIP/CO:	EL SEGUNDO, CA 90245		
NAME:	SHARON MARLIN-EVANS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	333 CONTINENTAL BOULEVARD		
CITY/ST/ZIP/CO:	EL SEGUNDO, CA 90245		
NAME:	DERMOT MARTIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	333 CONTINENTAL BOULEVARD		
CITY/ST/ZIP/CO:	EL SEGUNDO, CA 90245		
NAME:	JULIE MATTHEWS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	8400 FAIRWAY PLACE		
CITY/ST/ZIP/CO:	MIDDLETON, WI 53562		
NAME:	ANDREW PAALBORG	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	333 CONTINENTAL BOULEVARD		
CITY/ST/ZIP/CO:	EL SEGUNDO, CA 90245		
NAME:	CURTIS WHITE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	333 CONTINENTAL BOULEVARD		
CITY/ST/ZIP/CO:	EL SEGUNDO, CA 90245		
NAME:	CLARA WONG	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	333 CONTINENTAL BOULEVARD		
CITY/ST/ZIP/CO:	EL SEGUNDO, CA 90245		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIFFANI ZACK MAGRI ASST SECRETARY 333 CONTINENTAL BOULEVARD EL SEGUNDO, CA 90245	<input checked="checked" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ SHARON MARLIN-EVANS _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SHARON MARLIN-EVANS, ASST SECRETARY _____ PRINTED NAME AND CORPORATE TITLE	12/4/2013 _____ DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			